

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

872

-62-003704

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 25 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

18 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

4603 Page

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Hosea

Middle

E.

Last

Edwards

4. DATE OF DEATH

Month

1

Day

17

Year

62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9-11-1887

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Willingham Constr

11. BIRTHPLACE (City and state or country)

Columbia Co., Ark.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Edwards

13b. MOTHER'S MAIDEN NAME

Margaret Harris

14. NAME OF HUSBAND OR WIFE

Ella Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Ella Edwards, 4603a Page

Address

18. CAUSE OF DEATH (Enter only one cause per line for)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Prostate with Metastasis

INTERVAL BETWEEN ONSET AND DEATH

Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

177x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1-2-62

to

1-17-62

and last saw him alive on

1-17-62

Death occurred at

12:30

a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward C. Williams, M.D.

22b. ADDRESS

2601 N. Whittier Street

22c. DATE SIGNED

1-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1/22/62

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Charles J. Gates, 4107 Finney

25. DATE RECD. BY LOCAL REG.

JAN 19 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Durston Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.